

RELEASED IN FULL

UNCLASSIFIED

A11

Page 1 of 5
SAQMMA08F4256

ORDER FOR SUPPLIES OR SERVICES

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER 04/11/2008		2. CONTRACT NO. (if any) SAQMMA08D0051		3. SHIP TO: CA/EX/GSD	
3. ORDER NO. SAQMMA08F4256		4. REQUISITION/REFERENCE NO. AQ 1044805088		5. NAME OF CONSIGNEE GENERAL SRVCS DIV (CA/EX/GSD)	
5. ISSUING OFFICE (Address correspondence to) OFFICE OF ACQUISITION MANAGEMENT (A/LMAQM) PO BOX 9115, ROSSLYN STATION US DEPARTMENT OF STATE ARLINGTON, VA 22219		6. STREET ADDRESS 2401 E STREET, NW SA-1, ROOM H1001		7. CITY WASHINGTON	
		8. STATE DC		9. ZIP CODE 20520	
		10. CITY WASHINGTON		11. STATE DC	
CONTACT NAME: Cornelius Pitts		PHONE: 703-875-6011 EMAIL: PittsC@state.gov		12. TYPE OF ORDER	
7. TO:		8. DUNS NUMBER 144202843		a. PURCHASE REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
9. NAME OF CONTRACTOR Jonathan Barker		10. COMPANY NAME STANLEY ASSOCIATES INC		b. DELIVERY - Subject to USG instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
11. STREET ADDRESS 3101 WILSON BLVD STE 700		12. CITY ARLINGTON		13. STATE VA	
13. ZIP CODE 22201-4445		14. ACCOUNTING AND APPROPRIATION DATA See Line Items		15. DISCOUNT TERMS 0 Days: 0 Days: 0 Days: 0 Days:	
16. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input type="checkbox"/> b. WOMEN-OWNED <input checked="" type="checkbox"/> c. MORE THAN SMALL <input type="checkbox"/> d. HUBZONE <input type="checkbox"/> e. DISADVANTAGED <input type="checkbox"/> f. EMERGING SMALL BUSINESS		17. SERVICE- DISABLED VETERAN-OWNED		18. F.P.S. POINT	
19. PLACE OF a. INSPECTION b. ACCEPTANCE		20. GOVERNMENT BR. NO.		21. DELIVER TO F.P.S. POINT ON OR BEFORE (Date) 03/20/2008	
22. SCHEDULE (See reverse for Rejections)		23. SCHEDULE (See reverse for Rejections)		24. SCHEDULE (See reverse for Rejections)	

SEE LINE ITEMS SECTION

19. SHIPPING POINT		20. GROSS SHIPPING WEIGHT		21. INVOICE NO.	
22. MAIL INVOICE TO:		23. NAME GENERAL SRVCS DIV (CA/EX/GSD)		24. \$1,000,000.00	
25. STREET ADDRESS (or P.O. Box) 2401 E STREET, NW SA-1, ROOM H1001		26. CITY WASHINGTON		27. STATE DC	
28. ZIP CODE 20520		29. NAME (Typed) Cornelius Pitts		30. \$1,000,000.00	
31. UNITED STATES OF AMERICA BY: (Signature)		32. TITLE CONTRACTING OFFICER		33. 1700 TOT. (Cost page)	
34. 1700 GRAND TOTAL		35. 1700 GRAND TOTAL		36. 1700 GRAND TOTAL	

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLEOPTIONAL FORM 347 (REV. 3/2005)
Prescribed by GSA FPMR (41 CFR) 101-11.6UNITED STATES DEPARTMENT OF STATE
REVIEW AUTHORITY: CHARLES E LAHIGUERA
DATE/CASE ID: 17 SEP 2010 200702174

UNCLASSIFIED

UNCLASSIFIED

Page 2 of 5
SAQMMA08F4256

	Provide incremental funding in the amount of \$1,000,000.00 to cover services for the period covering March 20, 2008 through March 19, 2009 for Task 3 as follows:				
001	Base year for Passport Services Domestic Support Contract No. SAQMMA08D0051, period of performance through March 19, 2009 for Task 3 - Agency and Headquarters Operational Support, CLIN No. 0004. Doc Ref No: 1044805088 Tasks Included: Delivery Date (Start to End) Date FDB: Destination 03/20/2008 03/20/2008 to 03/19/2009 Funding Information: Accounting Ref: 1044805088 1900 - 2008 - - 19: X01139006 - CA - 1044 - 4220 - - - 2589 - - - CAR25L - - - 289900 \$1,000,000.00	1.08	LT	\$1,000,000.00	\$1,000,000.00
	GTM for this effort: Eric Fisher				
Grand Total:				\$1,000,000.00	

Exhibits and Attachments TOC

Identifier	Title	Date	Number of Pages
1	AQ-1044805088-002-12008161048399/stanley/March 2006.pdf	03/21/2006	9

01TNV Invoice Instructions

12/21/2007

Instructions for invoice payment:

Invoice submission is only via the Office of Claims' Commercial Claims Operations fax server, toll-free number: 866-483-3436, unless otherwise indicated. Each invoice must be transmitted separately.

UNCLASSIFIED

To constitute a proper invoice, the invoice must include the following information and/or attached documentation:

- (1) Name and Address of Contractor
- (2) Dun and Brad Street Universal Number System (DUNS)
- (3) Date of invoice
- (4) Unique Vendor Invoice Number
- (5) Remittance Contact Information
- (6) Shipping Terms, Ship to Address
- (7) Payment Terms
- (8) Total Quantity of Items
- (9) Total Invoice Amount
- (10) Requisition Number, Contract Number and Order/Award Number, with modification number if applicable.
- (11) Order line item number and information, see below line item information instructions.

The name and DUNS of the contractor on the invoice must match the information indicated on the order/award for proper payment.

IMPORTANT: For proper payment, the invoice must detail products and/or services delivered on a line item basis in direct accordance with the corresponding order/award/contract.

Each line item must contain the following information:

- (1) Description of the services rendered for each line item
- (2) Line Item Quantity
- (3) Line Item Unit Price
- (4) Total Line Item Unit Price
- (5) Delivery Date
- (6) Contract Line Item Number (CLIN)
- (7) Order/Award Line Item Number if invoicing against a task or Delivery Order or Blanket Purchase Agreement (BPA)

Please note that many task or delivery orders against Department of State or GSA contracts or blanket purchase agreements may have a separate and unique line item number in addition to the umbrella Contract Line Item Number (CLIN). The order line item number as well as the umbrella award CLIN must be referenced at each invoice line item level in such cases.

All payment to domestic claims will be disbursed by electronic funds transfer EFT. Vendors who are registered in the Central Contractor Registration (CCR) should verify and re-confirm their financial information in the database prior to invoicing. Vendors who wish to request a waiver of CCR or payment by check must submit their justification to their assigned contracting officer for consideration at least 30 days prior to billing. For vendors who are granted an EFT exception, the payment address on the invoice

UNCLASSIFIED

Page 4 of 5
SAQMMA08F4256

must match the remittance address in the vendor record cited in the award.

Additional correspondence should be addressed to:

Name:
U.S. Department of State
Global Financial Services
Attn: Office of Claims (RM/GFS/F/C)
Charleston Financial Service Center

Mailing Address:
Post Office Box 150008
Charleston, SC 29415-5008

Telephone Numbers:
Voice: 843-202-3761
Fax: 843-746-0749

Person to Contact: Mike Washington, Office of Claims
Email: WashingtonM@state.gov
Phone: 843-746-3761

To request Payment Status on a Past Due Invoice contact: Office of Claims Customer Service
Email: commercialclaims@state.gov
Phone: 877-704-9473 Toll Free

(End of Clause)

G-003

The Terms and Conditions of the Prompt Payment Act

07/02/2007

The terms and conditions of the Prompt Payment Act (P.L. 97-177 as amended) and OMB Circular A-125 as amended, FOB destination, are applicable to this order. The vendor should expect payment within thirty (30) calendar days after receipt of the vendor's invoice by the Department of State for the purposes of determining a payment due date and the date on which interest will begin to accrue, an invoice shall be deemed to be received on the later of (1) the date a proper invoice is actually received by the Department of State designated billing office, or (2) the seventh day after the date on which the property is actually delivered or performance of the services is actually completed.

Issuing Office:

UNCLASSIFIED

UNCLASSIFIED

Page 5 of 5
SAQMMA08F4258

U.S. Department of State (A/LM/AQM)
P.O. Box 9115, Rosslyn Station
Arlington, VA 22219-1115

Z-004

Contact Vendor Claims

07/02/2007

Contract vendor claims, Office of Fiscal Operations, telephone 843-202-3891, on payment problems. Have order number, requisition/reference number, invoice number, invoice date, and amount of invoice available. Requisition/reference number is the four digit allotment and six digit obligation number in Block 4. On payment problems relating to BPA's contact appropriate ordering office first.

UNCLASSIFIED